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WATER RESOURCES DIVISION  
SALEM, OREGON

**STATE OF OREGON  
WATER RESOURCES DEPARTMENT**

**SURFACE WATER REGISTRATION STATEMENT  
PRE-1909 VESTED WATER RIGHT CLAIM**

1. Name of Registrant: MARJORIE M PETERSON  
Mailing Address: 8128 Lower Smith River Road  
Reedsport, Oregon 97467 Telephone No: 271-4569
2. Source of water: NOEL CREEK  
Tributary to: SMITH RIVER
3. Purpose(s) for which water is used: Domestic, Stockwater  
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)  
If irrigation, total number of acres irrigated: \_\_\_\_\_
4. Priority Date  
a) Date of first use: November 4, 1896  
b) Date water use development first initiated: 1896  
c) Name of party who initiated development: Jesse B. Abbott
5. Amount of water claimed: 4 GPM, in CFS or GPM  
(Water put to beneficial use)
6. Location of place of use:  
33/34 Sections, Township 20S N/S, Range 11 WE/W.  
\_\_\_\_ Sections, Township \_\_\_\_ N/S, Range \_\_\_\_ E/W.  
(Attach additional pages if necessary)
7. Usual period of use: Jan. / 1 to Jan. / 1  
month day month day

8. Remarks: Documents submitted: map; statements; pictures;  
land records.

9. Total fees submitted with claim: \$400

Notarized Statement Signed by Claimant.

STATE OF OREGON )  
: ss  
County of DOUGLAS )

I, MARJORIE M. Peterson, having been duly sworn,  
depose and say that I, and being the claimant of the existing surface  
water right described herein, have read the contents of this claim and  
to the best of my knowledge all of the matters stated herein  
are true and correct.

Marjorie M. Peterson  
Signature of Claimant

Signed and attested before me this 28<sup>th</sup> day of Dec, 19 92

Christy L. Schaffer  
NOTARY PUBLIC for the State of Oregon  
My commission expires: 06 03 95



**THIS FORM MUST BE ACCOMPANIED BY A MAP PREPARED BY A  
CERTIFIED WATER RIGHT EXAMINER (CWRE).**

Certified Water Right Examiner

Name: RONALD D. STUNTZNER CWRE#: 126

Address: 705 So. 4th, Coos Bay, OR 97420

Telephone: 267-2872